

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90747 035 ***150.00

DOCUMENT # P01000091846

1. Entity Name

ELITE INTERIOR BUILDERS, INC.



Principal Place of Business

175 CIRCLE DRIVE
FORT MYERS FL 33905

Mailing Address

175 CIRCLE DRIVE
FORT MYERS FL 33905

2. Principal Place of Business

175 CIRCLE DR.

3. Mailing Address

Suite, Apt. #, etc.

SAME



MOORE

CR2E034 (11/03)

City & State

FT. MYERS, FL

City & State

4. FEI Number

65-1143445

Applied For

Not Applicable

Zip

33905

Country

Lee

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, WILLIAM H SR.
175 CIRCLE DRIVE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name

Joseph M Sheldon

Street Address (P.O. Box Number is Not Acceptable)

175 CIRCLE DR

City

FT MYERS

FL

Zip Code

33905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph M Sheldon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
HUNTER, WILLIAM H SR.
STREET ADDRESS
175 CIRCLE DRIVE
CITY-ST-ZIP
FORT MYERS FL 33905

TITLE ☐ Delete

NAME
SHeldon, JOSEPH M JR.
STREET ADDRESS
142 CORAL DRIVE
CITY-ST-ZIP
FORT MYERS FL 33905

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph M Sheldon

Joseph M Sheldon

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #